

## DANTES ASE/ACT Examination Materials Order Form

Completed forms must be **received** by 21 March 2003.

DANTES Identification Number \_\_\_\_\_

<p>Mail to:</p>  <p>ASE/ACT DANTES ATTN: HELEN COBLENT P.O. BOX 4007 2255 N. DUBUQUE ROAD IOWA CITY, IA 52243</p>	<p>Mailing address of DANTES Test Control Officer:</p>
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<p>CERTIFICATION: The undersigned certifies that he or she is the authorized DANTES Test Control Officer and assumes sole responsibility for receiving, safeguarding, administering, and returning the tests to the ASE/ACT Contract Representative. <b>Order cannot be processed without authorized signature.</b></p>	
Date _____	Signature of DANTES Test Control Officer _____
Daytime Telephone Number _____	

Print name and rank of DANTES Test Control Officer \_\_\_\_\_

Social Security Number	Name of Person Testing (Last name, first name)	MOS RATE AFSC	Code Number of Exam(s) Requested From ASE Testing Schedule on Back of Form

Note: *Preparation Guides* are downloadable from the ASE web site – <http://www.asecert.org>

Enclosure (1)
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